# **DIRECT DEPOSIT SIGN-UP FORM (BRITISH VIRGIN ISLANDS)**

APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY
MONTHLY BENEFITS BY DIRECT DEPOSIT

Please make any necessary changes in Section 1A and complete Section 2. Ask your bank to complete Section 3.

Mail the completed form in the envelope provided.			
SECTION 1 (If the address below is incorrect, or if it is your bank's address, please complete Section 1A.)		SECTION 1A (If the address in Section 1 is not your correct address, please print your correct mailing address below.)	
		ADDRESS CHANGE	
Social Security Claim Number Person Entitled to Payment	t		
SECTION 2			
PAYEE CERTIFICATION I certify that I have read and understand the back of this form. In si this form, I authorize the Social Security Administration to send my to my bank and deposit it in the designated account. I understand personal information in these payments will be treated confidentiall consent to disclosure of payment information that is compelled by I necessary to protect against fraud or crime.	payment that y, but I	JOINT ACCOUNT HOLDER=S CERTIFICATION I certify that I have read and understand the back of this form, is SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	ncluding the
SIGNATURE DATE		SIGNATURE	DATE
YOUR DAYTIME TELEPHONE NUMBER		This account is: My own account A joint account.	
SECTION 3 (Ask your bank to complete this section.)			
This account must be in US Dollars			
NAME OF BANK*			
ADDRESS OF BANK*			
BANK PHONE NUMBER			
If your bank does not have a bank code or a br	_		
BANK CODE BRANCH CODE	ACC	COUNT NUMBER*	
0			
BANK OFFICIAL'S NAME PLEASE PRINT		ATURE OF OFFICIAL	
*Bank name, bank address, and account number	MUST	BE COMPLETED!	

Approved OMB No. 0960-0686

MAIL COMPLETED FORM TO:

International Treasury Services Federal Reserve Bank of New York E. Rutherford Oper. Ctr., 1<sup>st</sup> Floor 100 Orchard Street East Rutherford, NJ 07073 USA

Form SSA-1199-British Virgin Islands (9/04)

# IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The information you give on this form is confidential. We need the information to electronically send your U.S. Social Security payments to your bank account in the British Virgin Islands.

### IF YOUR ADDRESS CHANGES

If your address changes, you must inform the U.S. Social Security Administration because letters about your payments will still be mailed to your home address. If we cannot locate you, your payments may be stopped.

#### WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Your payment will be sent to your financial institution and will usually be in your account the day after the U.S. payment date. You can avoid waiting up to 15 working days for your check to clear. With direct deposit you will have immediate access to your money.

## INFORMATION ABOUT CHECK CASHING FEES

With direct deposit, you will not need to pay any check cashing fees.

#### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank <u>and</u> the U.S. Social Security Administration. <u>Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security</u>. As soon as we are advised of the death, if you are eligible to receive Social Security, we will determine whether your benefit amount will change and will send you any money that we owe you.

## CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you must notify one of the following offices:

Social Security Administration	International Treasury Services
Office of International Operations	Federal Reserve Bank
P.O. Box 17769	E. Rutherford Operations Center, 1st Floor
Baltimore, MD 21235-7769	100 Orchard Street
	East Rutherford, NJ 07073

You may need to fill out a new sign-up form. <u>Do not close your old account until payments have started coming to your new account.</u>

## PAPERWORK REDUCTION ACT STATEMENT

This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the <a href="Paperwork Reduction Act of 1995">Paperwork Reduction Act of 1995</a>. You do not need to answer these questions unless we display a valid Office of <a href="Management and Budget control number">Management and Budget control number</a>. We estimate that it will take about 5 minutes to read the instructions, <a href="gather the facts">gather the facts</a>, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex building, Baltimore, MD 21235-0001. Only comments relating to our time estimate should be provided, not the completed form.